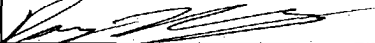


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|--|--|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications<br>under 37 CFR 1.53(b))  | Attorney Docket No. <b>6808D</b>   |  |
|  | First Inventor <b>Douglas H. Benson</b>  |  |
|  | Assignee <b>The Procter &amp; Gamble Company</b>                                     |  |
|  | Title <b>Stable Web Having Enhanced Extensibility<br/>And Method For Making Same</b> |  |
|  | Express Mail Label No. <b>EV322817412US</b>  |  |
| <b>APPLICATION ELEMENTS</b><br>See MPEP Chapter 600 concerning utility patent application contents.  |  | <b>Mail Stop Patent Application</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b> |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)<br>2. <input checked="" type="checkbox"/> Specification Total Pages [19]<br>(preferred arrangement set forth below)<br>- Descriptive Title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R&D<br>- Reference to sequence listing, a table, or a computer<br>program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [4]<br>4. Oath or Declaration Total pages [2]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br>(for continuation/divisional with Box 17 complete)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application,<br>see 37 CFR §§1.63(d)(2) and 1.33(b).<br>5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76<br>6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table<br>Computer Program (Appendix)<br>7. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies |  |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |  |  |
| 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)<br>10. <input type="checkbox"/> English Translation Document (if applicable)<br>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449/SB08 Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.<br>122(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 or its equivalent.<br>16. <input type="checkbox"/> Other: .....   |  |  |
| 17. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in a preliminary<br>amendment, or in an Application Data Sheet under 37 CFR §1.76:<br><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>08/916,055</u><br>Prior application information: Examiner: _____ Group/Art Unit: _____<br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b,<br>is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation<br>can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  |  |  |
| <b>19. CORRESPONDENCE ADDRESS</b>  |  |  |
| <input checked="" type="checkbox"/> Customer Number (Insert Customer No. here) <b>27752</b>  |  |  |

|                   |   |                                   |            |
|-------------------|---|-----------------------------------|------------|
| Name (Print/Type) | Douglas W. McArthur   | Registration No. (Attorney/Agent) | 50,795     |
| Signature         |  | Date                              | 11 July 03 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you  
 are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED  
 FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450  
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17958 U.S. P.O.  
 10/617458  
 07/11/03



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|---|-----------------------------|---|
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> | <b>Complete if Known</b>    |   |
|   | <i>Application Number</i>   | <b>To e assigned</b>                    |
|   | <i>Confirmation Number</i>  |   |
|   | <i>Filing Date</i>          | <b>July 11, 2003</b>                    |
|   | <i>First Named Inventor</i> | <b>Douglas H. Benson</b>                |
|   | <i>Examiner Name</i>        |   |
|   | <i>Group/Art Unit</i>       |   |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 750.00  |                             | <i>Attorney Docket No.</i> <b>6808D</b> |

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)   |   |                          |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|---|---|---|--------------------------|-----------------|----------|------|--------------------|-----------------------------------|--------------------------|------|-------------------|--|--------------------------|------|--------------------|---------------------------|--------------------------|------|------------------------|--|--------------------------|------|------|--|--------------------------|------|-----------------|---|--------------------------|--------------|---------------|--|--------------------------|-------|--------------------|--|--------------------------|------|-------|--|--------------------------|------|-------|--|--------------------------|------|-----------------|--|--------------------------|------------------------|------|------------------|-----------------------------------|------|-----|--|--------------------------|------|---|--------------------------|--------------------------|---|-----------------------------|---|--------------------------|--|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p style="margin-left: 20px;">Deposit Account Number <b>16-2480</b></p> <p style="margin-left: 20px;">Deposit Account Name <b>The Procter &amp; Gamble Company</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17</p>  | <p>3. <b>ADDITIONAL FEES</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(q))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> | Code  | (\$)                     | Fee Description | Fee Paid | 1051 | 130                | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052 | 50                | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053 | 130                | Non-English specification | <input type="checkbox"/> | 1812 | 2,520                  | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805 | 1,840*          | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251         | 110           | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252  | 410                | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | 930   | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254 | 1,450 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 1,970           | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401                   | 320  | Notice of Appeal | <input type="checkbox"/>          | 1402 | 320 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 280   | Request for oral hearing | <input type="checkbox"/> | 1451  | 1,510                       | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452   | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,300 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,300 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 470 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 750 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 750 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> |
| Code  | (\$)  | Fee Description   | Fee Paid                 |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1051  | 130   | Surcharge-late filing fee or oath   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1052  | 50  | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1053  | 130   | Non-English specification   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1812  | 2,520   | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1804  | 920*  | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1805  | 1,840*  | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1251  | 110   | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1252  | 410   | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1253  | 930   | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1254  | 1,450   | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1255  | 1,970   | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1401  | 320   | Notice of Appeal  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1402  | 320   | Filing a brief in support of an appeal  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1403  | 280   | Request for oral hearing  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1451  | 1,510   | Petition to institute a public use proceeding   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1452  | 110   | Petition to revive - unavoidable  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1453  | 1,300   | Petition to revive - unintentional  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1501  | 1,300   | Utility issue fee (or reissue)  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1502  | 470   | Design issue fee  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1460  | 130   | Petitions to the Commissioner   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1807  | 50  | Petitions related to provisional applications (37 C.F.R. 1.17(q))   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1806  | 180   | Submission of Information Disclosure Statement  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1809  | 750   | Filing a submission after final rejection (37 CFR § 1.129(a))   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1810  | 750   | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1801  | 750   | Request for Continued Examination (RCE)   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1802  | 900   | Request for expedited examination of a design application   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1454  | 1300  | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |   |   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |   |   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p>1. <b>BASIC FILING FEE – Large Entity</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>Utility filing fee</td><td>[750.00]</td></tr> <tr><td>1002</td><td>330</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>750</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$)[750.00]</b></td></tr> </tbody> </table> <p>2. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th></th> <th></th> <th style="text-align: center;">Extra<br/>Claims</th> <th style="text-align: center;">Fee from<br/>Below</th> <th style="text-align: center;">Fee<br/>Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>[20] - 20** =</td> <td>[0] x</td> <td>[18]</td> <td>= [0]</td> </tr> <tr> <td>Independent Claims</td> <td>[2] - 3** =</td> <td>[0] x</td> <td>[84]</td> <td>= [0]</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>[ ]</td> <td>= [ ]</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(\$)</th> <th style="text-align: left;">Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr><td colspan="3"><b>SUBTOTAL (2)</b> (\$)[0]</td></tr> </tbody> </table> | Code  | (\$)  | Fee Description          | Fee Paid        | 1001     | 750  | Utility filing fee | [750.00]                          | 1002                     | 330  | Design filing fee | <input type="checkbox"/>                             | 1004                     | 750  | Reissue filing fee | <input type="checkbox"/>  | 1005                     | 160  | Provisional filing fee | <input type="checkbox"/>                               | <b>SUBTOTAL (1)</b>      |      |      | <b>(\$)[750.00]</b>                                      |                          |      | Extra<br>Claims | Fee from<br>Below                                     | Fee<br>Paid              | Total Claims | [20] - 20** = | [0] x  | [18]                     | = [0] | Independent Claims | [2] - 3** =                                      | [0] x                    | [84] | = [0] | Multiple Dependent                               |                          |      | [ ]   | = [ ]  | Code                     | (\$) | Fee Description | 1202   | 18                       | Claims in excess of 20 | 1201 | 84               | Independent claims in excess of 3 | 1203 | 280 | Multiple dependent claim, if not paid  | 1204                     | 84   | **Reissue independent claims over original patent | 1205                     | 18                       | **Reissue claims in excess of 20 & over original patent | <b>SUBTOTAL (2)</b> (\$)[0] |   |                          | <p>* Reduced by Basic Filing Fee Paid</p> <p style="text-align: right;"><b>SUBTOTAL(3) (\$)</b> <input type="checkbox"/></p> |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)  | Fee Description   | Fee Paid                 |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1001  | 750   | Utility filing fee  | [750.00]                 |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1002  | 330   | Design filing fee   | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1004  | 750   | Reissue filing fee  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1005  | 160   | Provisional filing fee  | <input type="checkbox"/> |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (1)</b>   |   |   | <b>(\$)[750.00]</b>      |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|   |   | Extra<br>Claims   | Fee from<br>Below        | Fee<br>Paid     |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Total Claims  | [20] - 20** =   | [0] x   | [18]                     | = [0]           |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Independent Claims  | [2] - 3** =   | [0] x   | [84]                     | = [0]           |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Multiple Dependent  |   |   | [ ]                      | = [ ]           |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)  | Fee Description   |                          |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1202  | 18  | Claims in excess of 20  |                          |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1201  | 84  | Independent claims in excess of 3   |                          |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1203  | 280   | Multiple dependent claim, if not paid   |                          |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1204  | 84  | **Reissue independent claims over original patent   |                          |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1205  | 18  | **Reissue claims in excess of 20 & over original patent   |                          |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (2)</b> (\$)[0]   |   |   |                          |                 |          |      |                    |                                   |                          |      |                   |  |                          |      |                    |                           |                          |      |                        |  |                          |      |      |  |                          |      |                 |   |                          |              |               |  |                          |       |                    |  |                          |      |       |  |                          |      |       |  |                          |      |                 |  |                          |                        |      |                  |                                   |      |     |  |                          |      |   |                          |                          |   |                             |   |                          |  |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |

| SUBMITTED BY      |                     |                  |        | Complete (if applicable) |                |
|-------------------|---------------------|------------------|--------|--------------------------|----------------|
| Name (Print/Type) | Douglas W. McArthur | Registration No. | 50,795 | Telephone                | (513) 626-1459 |
| Signature         |                     |                  |        | Date                     | 11 July 03     |